

<b>SCC eFile</b>	<b>2012 ANNUAL REPORT</b> <b>COMMONWEALTH OF VIRGINIA</b> <b>STATE CORPORATION COMMISSION</b>	<b>212521346</b>				
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME:  <b>The Continental Insurance Company</b></p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:  <b>CT CORPORATION SYSTEM</b>  <b>4701 COX RD STE 301</b>  <b>GLEN ALLEN, VA 23060-6802</b></p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE:  <b>HENRICO COUNTY</b></p> <p>4.) STATE OR COUNTRY OF INCORPORATION:  <b>PA</b></p> </div> <div style="width: 35%;"> <p>DUE DATE: <b>6/30/2012</b></p> <p>SCC ID NO: <b>F0328858</b></p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>50,000,000</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMMON	50,000,000
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COMMON	50,000,000					
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 333 S WABASH AVENUE 43S</p> <p style="text-align: center;">CITY/ST/ZIP: CHICAGO, IL 60604</p>						
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: THOMAS F MOTAMED  TITLE: P/CEO/CHRMN  ADDRESS: 333 S WABASH AVENUE  CITY/ST/ZIP/CO: CHICAGO, IL 60604 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: THOMAS F MOTAMED TITLE: P/CEO/CHRMN ADDRESS: 333 S WABASH AVENUE CITY/ST/ZIP/CO: CHICAGO, IL 60604	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR	
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NAME:	D CRAIG MENSE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	EXEC VP/CFO		
ADDRESS:	333 S WABASH AVENUE		
CITY/ST/ZIP/CO:	CHICAGO, IL 60604		
NAME:	STATHY DARCY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SVP		
ADDRESS:	333 S WABASH AVE		
CITY/ST/ZIP/CO:	CHICAGO, IL 60604		
NAME:	THOMAS PONTARELLI	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	EVP, CAA		
ADDRESS:	333 S WABASH AVENUE		
CITY/ST/ZIP/CO:	CHICAGO, IL 60604		
NAME:	GEORGE R FAY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EVP		
ADDRESS:	333 S WABASH AVENUE		
CITY/ST/ZIP/CO:	CHICAGO, IL 60604		
NAME:	LAWRENCE J BOYSEN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	333 S WABASH AVENUE		
CITY/ST/ZIP/CO:	CHICAGO, IL 60604		
NAME:	ALBERT J. MIRALLES, JR.	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	333 S WABASH AVE		
CITY/ST/ZIP/CO:	CHICAGO, IL 60604		
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ STATHY DARCY	STATHY DARCY, SVP	6/7/2012	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			